

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1102

1. PLACE OF DEATH:

County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Finchville
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Finchville
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Martin A. Batson

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Eva Batson

7. Birth date of

deceased (mo., day, yr.)

October 31, 1885

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

It less than one day

61215

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Day Laborer

11. Industry or business

Farm

FATHER

12. Name

Jeremiah Batson

13. Birthplace

Dorchester County, Maryland

MOTHER

14. Maiden name

Margaret Evans

15. Birthplace

Dorchester County, Maryland

16. Informant

Henry Batson

Address

Rhodesdale, Maryland, R.T.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof January 19, 1947
(month) (day) (year)

Cemetery or crematory

Cokesbury Colored Cemetery

Location

Near Federalburg, Maryland

18. Funeral director

J. G. Frampton and Son

Address

Federalburg, Maryland

19. Date rec'd by registrar

Jan 19 - 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 16 1947 at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19

and that I last saw him alive on 19

Immediate cause of death

DURATION

Dissection of Coronary Arteries

Due to

coronary
arteriosclerosis

Due to

Arterio-sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

J. H. Shriver, Dep. Med. Exam.
M. D. or otherAddress Cambridge, Md. Date signed Jan 14/47

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JAN 28 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **Cam ridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **14 yrs 9 mos 9 ds**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution?..... **14 yrs 9 mos 9 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County..... **Wicomico**
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Hiram Betts

3. (b) Social Security Number

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, married, widowed, or divorced..... **Single**
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **November 1 1867**
 8. AGE: Years..... **79** Months..... **2** Days..... **20** If less than one day..... hrs. min.

9. Birthplace..... **Fruitland Wicomico Cy Maryland**
 (Town, county, and state)

10. Usual occupation..... **Farm laborer**

11. Industry or business

12. Name..... **Daniel Betts**
 13. Birthplace..... **Fruitland Wicomico Cy Maryland**
 14. Maiden name..... **Catherine Watt**
 15. Birthplace..... **Fruitland Wicomico Cy Maryland**
 16. Informant..... **Hospital Records**

Address..... **Cambridge, Maryland**

17. Burial..... **Jan. 25, 1947**
 (month) (day) (year)

Cemetery or crematorium..... **Calvary**

Location..... **Calvary**

18. Funeral director..... **John M. M. M. M.**

Address..... **Calvary**

19. (Date rec'd by registrar)..... **1947** Registrar..... **John M. M. M. M.**

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **January 21** 19..... **47** 10 P..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 1 1943** to **January 21 47** and that I last saw him alive on **January 21 47**

Immediate cause of death..... **Arteriosclerotic Cardiovascular Disease** DURATION..... **15 yrs plus**

Due to.....
 Due to.....

Other conditions..... **Epilepsy**
Amputation of right leg - vascular disease 2 yrs
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **Maryland** **Wicomico** D. or other.....
 Address..... **Cambridge Md** Date signed..... **1/21/47**

Wisconsin

Marjorie

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Bishops Head
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Bishops HeadHow long in hospital or institution? -

3. (a) FULL NAME

Royeston G. Bramble

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Mabel Wingate7. Birth date of deceased (mo., day, yr.) Dec. 18868. (c) If alive, give age 55 years8. AGE: Years 60 Months - Days - If less than one day
hrs. min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business 11FATHER 12. Name Bushrod Bramble13. Birthplace MarylandMOTHER 14. Maiden name Melvinia Wingate15. Birthplace Maryland16. Informant Katheleen AbbottAddress Bishops Head, Maryland17. Burial Date thereof Jan. 7, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Thomas Church CemeteryLocation Bishops Head, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. Jan 9 19 47 Wilson D. Patchett
(Date rec'd by registrar) Registrar Local

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Bishops Head
(If outside city or town limits, write RURAL and give nearest town)Street No. Bishops Head
(If rural, give LOCATION)2. (a) If veteran, name war -

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1947 at 8: A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/3/46 1946 to 1/6/47 1947
and that I last saw him alive on 12/3/46 1946Immediate cause of death Tuberculosis of pharynx

DURATION

2 wksDue to Tuberculosis of pharynxDue to -Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

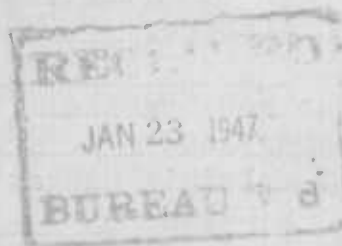
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE J. H. Hargrave M. D. or otherAddress 136 Race St. Cambridge Md. Date signed 1/6/47



2-35

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs. 8 mos 19 ds

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 7 yrs 8 mos 19 ds

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hoopers Island
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Donald W Creighton

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) March 18 1920

8. AGE: Years 26 Months 10 Days 3 If less than one day _____ hrs. _____ min.

9. Birthplace Hoopers Island Dorchester Cy Md.
(Town, county, and state)10. Usual occupation none

11. Industry or business _____

12. Name Alfred W. Creighton13. Birthplace Hoopers Island Dorchester Cy Maryland14. Maiden name Lillian Tyler15. Birthplace Hoopersville Dorchester Cy Md.16. Informant Hospital RecordsAddress Cambridge, Maryland17. (Burial, cremation, or removal, Which?) Buried Date thereof 1/23/47
(month) (day) (year)Cemetery or crematory Hoopers Memorial CemeteryLocation Fishing Creek Md.18. Funeral director LeCompte Funeral ServiceAddress Cambridge Md.19. Jan. 23/ 47 John MacFarlane, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 19 47 at 8:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19 43 to January 21 19 47and that I last saw him alive on January 21 19 47

Immediate cause of death _____

DURATION

Epilepsy16 yrs

Due to _____

Due to _____

Other conditions Psychosis with ConvulsiveD. isorder

(Include pregnancy within 3 months of death)

7 yrs

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____

M. D. or other

Cambridge Md.Address _____ Date signed 1/21/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
Federalburg - Williamsburg Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Federalburg - Williamsburg Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William F. Davis

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

B. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Minnie H. Davis

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 24, 1883

8. AGE:

Years

63

Months

6

Days

25

If less than one day

hrs.

min.

9. Birthplace

Sussex County, Delaware
(Town, county, and state)

10. Usual occupation

Retired farmer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Robert Henry Davis

13. Birthplace

Sussex County, Delaware

14. Maiden name

Mary Melissa Seiford

15. Birthplace

Caroline County, Maryland

16. Informant

Dr. Earl Davis

Address

Federalburg, Maryland, R.F.D.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

January 22, 1947
(month) (day) (year)

Cemetery or crematory

Boonery Cemetery

Location

Near Federalburg, Maryland

18. Funeral director

J. F. Frampton and Son

Address

Federalburg, Maryland

19.

January 22, 47
(Date rec'd by registrar)

19

Charles H. Hastings
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1947 at 1:55 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 19, 26 to January 19, 47 and that I last saw him alive on January 19, 47

Immediate cause of death

Carcinoma of lung

DURATION

8 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. Paul North MD

M. D. or other

Address

Doctor's MD

Date signed

1/21/47

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JAN 28 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
47 Douglass Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 47 Douglass St
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Carl Dennis

3. (b) Social Security Number

4. Sex Male 5. Color or race colored 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Violet Dennis

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) February 15 - 1891

8. AGE: Years 55 Months 10 Days 29 If less than one day — hrs. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation labor

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Ellen Dennis

15. Birthplace Unknown

16. Informant Violet Dennis

Address 47 Douglass Street

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Jan 19 1947
(month) (day) (year)

Cemetery or crematory Waucho Cemetery

Location Cambridge Md

18. Funeral director W. M. Wallace & Son

Address Cambridge Md

19. 1/22/47 19 47 John Wallace Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 14 19 47 at 4:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 4 19 46 to January 14 19 47

and that I last saw him — alive on January 14 19 47

Immediate cause of death Acute tubercular pneumonia

Due to Chronic Phthisis

Due to

Other conditions Hypertension

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury Injured at work?

23. SIGNATURE Carol M. H. Davis MD M. D. or other Dr. H. Davis Address — Date signed 1/15/47

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 116

1. PLACE OF DEATH:

County..... **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **9 mos. 12 ds**
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? **9 mos. 12 ds**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Talbot**
 City or town..... **Queen Anne**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James D. Fleming

3. (b) Social Security Number

4. Sex..... **Male** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Widowed**
 6.(b) Name of husband or wife..... **Clara Thawley**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **December 17 1859**
 8. AGE: Years **87** Months **1** Days **8** If less than one day..... hrs. min.

8. Birthplace..... **Harrington, Delaware**
 (Town, county, and state)
 10. Usual occupation..... **Farmer**
 11. Industry or business.....
 12. Name..... **Charles H. Fleming**
 13. Birthplace..... **Harrington, Delaware**
 14. Maiden name..... **Frances Powell**
 15. Birthplace..... **Delaware**

16. Informant..... **Hospital Records**
 Address..... **Cambridge, Md**
 17. **Burial** Date thereof **Jan 27-47**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... **Greenmount**
 Location..... **Hillside Mary Camp**
 18. Funeral director..... **Barter Bros**
 Address..... **Centerville Maryland**
 19. **Jan 25-47** **John Marshall**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **January 25** 19.. **47** at **1.15A** M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 13 18.. **46** to **January 25** 19.. **48**
 and that I last saw h..... alive on **January 24** 19.. **47**

Immediate cause of death.....
Acute Cardiac Decompensation
 Due to..... **Chronic Myocarditis and Myo-**
cardial Degeneration..... **unknown**
 Due to.....
 Other conditions..... **Psychosis with Cerebral**
Arteriosclerosis..... **1 yr**
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **John Marshall** M. D. or other
 Address..... **Cambridge, Maryland** Date signed.....

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

High St.How long in hospital or institution? -

3. (a) FULL NAME

Alice Waddell Hanna

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Frank C. Hanna(Died 5/3/1941)

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1877

8. AGE: Years Months Days If less than one day

59320hrs. min.9. Birthplace Hurlock, Dor. Co., Md.
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name Columbus Waddell13. Birthplace Maryland14. Maiden name Isabella Trice15. Birthplace Maryland16. Informant Mr. Carlos HannaAddress Cambridge, Maryland17. Burial Date thereof Jan. 11, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 1/10 47 John Macpherson
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. High St.

(If rural, give LOCATION)

2. (a) If veteran, name war -

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1947 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947, to 1947and that I last saw him live on 1947

Immediate cause of death..... DURATION

Disease of Coronary Arteries 6 mo.Due to Arterio-Sclerosis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

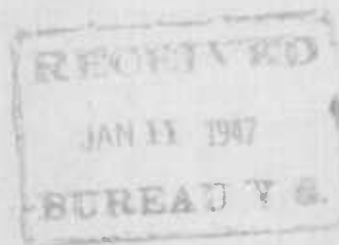
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. R. Shriver, Dep. Med. Exam.

M. D. or other

Address Cambridge, Md. Date signed Jan. 10, 1947



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Worcester
 City or town Church Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all of life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Church Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Mary Elizabeth Johnson

3. (b) Social Security Number

4. Sex Female 5. Color or race negro 6. (a) Single, married, widowed, or divorced widowed
 8. (b) Name of husband or wife George R. Johnson

7. Birth date of deceased (mo., day, yr.) 1/19/47 B. (c) If alive, give age _____ years
Unknown

8. AGE: Years 71 Months 11 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Worcester
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. Informant Levin A. Keene
 Address electronic mich

17. Burial Burial Date thereof 1/23/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory meekins neck

Location Worcester Co.
 18. Funeral director L. H. Baynes
 Address Cambridge Md

19. 1/23/47 19 47 John Mac Jr Md
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1947 at 7:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1946 to Dec 27 1947
 and that I last saw her alive on Dec 29 1947

Immediate cause of death chronic negr
carditis
congestive heart failure

DURATION

8 mos.

2 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. H. Tardac M. D. or otherAddress Cambridge Md Date signed 1/23/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 25 1947

BUREAU V 8

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00498

Reg. Dist. No. 1100

1. PLACE OF DEATH:

County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 minutes

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mittie A. Jolly

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

James A. Jolly

7. Birth date of deceased (mo., day, yr.)

October 11, 18876. (c) If alive, give age 65 years

8. AGE:

Years

59

Months

3

Days

13

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

Samuel Jackson

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Henrietta Davis

15. Birthplace

Dorchester County, Maryland

16. Informant

James A. Jolly

Address

Hurlock, Maryland, R.F.D.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof January 27, 1947
(month) (day) (year)

Cemetery or crematory

Petersburg Cemetery

Location

Near Hurlock, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland19. January 27, 1947

(Date rec'd by registrar)

19. 47Charles W. Harrison
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Dorchester

City or town

Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

Petersburg
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

January 24, 1947at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 6, 1947 to January 24, 1947and that I last saw him on January 24, 1947

Immediate cause of death

Congestive Heart Failure 2 wks +

Due to

Chronic Myocardial Degeneration

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

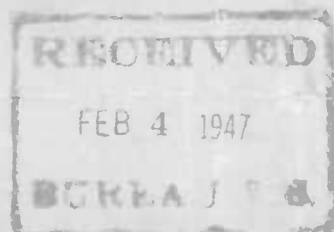
23. SIGNATURE

W. C. Harrison M.D.

M. D. or other

Address

Hurlock Md.Date signed 1/27/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH: *Worcester*
 County.....
 City or town.....*Cambridge*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*7 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Worcester*
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*214 Choptank Ave.*
 (If rural, give LOCATION)
 2(a) If veteran, name war.....*none*

3. (a) FULL NAME
Ernest J. Kelly

3. (b) Social Security Number
none

4. Sex.....*Male* 5. Color or race.....*White* 6. (a) Single, married, widowed, or divorced.....*Widowed*
 6. (b) Name of husband or wife.....*Buelah May Todd*
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....*Aug 11-1874*
 8. AGE: Years.....*72* Months.....*5* Days.....*14* If less than one day..... hrs. min.

9. Birthplace.....*Baltimore*
 (Town, county, and state)

10. Usual occupation.....*Mate aboard Ferry Boat*

11. Industry or business

12. Name.....*Matthew Kelly*

13. Birthplace.....*Somerset Co.*

14. Maiden name.....*Mary W. Webster*

15. Birthplace.....*Somerset Co.*

16. Informant.....*Mrs Wesley J. Farmer*

Address.....*Cambridge, Md.*

17. Burial, cremation, or removal, Which?.....*Burial* Date thereof.....*1/27/47*
 (month) (day) (year)

Cemetery or crematory.....*Greenlawn*

Location.....*Cambridge, Md.*

18. Funeral director.....*Kenneth P. Thomas*

Address.....*Cambridge, Md.*

19. Jan. 27- 47 *John Macek md*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Jan 25* 19*47* at *1220^P* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10/10 19*45* to *1/25* 19*47*
 and that I last saw him alive on *January 15* 19*47*

Immediate cause of death.....*Myocardial Failure* DURATION.....*4 days*

Due to.....*Inanition*

Due to.....*Mental changes of*
Cerebrospinal Angioma
 Other conditions.....*Probable Hypertrophy*
Residual Hemiplegia
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; *No*

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....*W. J. Farmer* M. D. or other

Address.....*Cambridge, Md.* Date signed.....*1/26/47*

RECEIVED

JAN 28 1947

BUREAU V S

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 Years

Hospital, institution, or street address where death occurred:

406 Willis St.How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 406 Willis St.

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

Charles Millard Kinnamon

3. (b) Social Security Number

214-07-7933

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Verdona W. HurleyB. (c) If alive, give age 67 years7. Birth date of deceased (mo., day, yr.) July 17, 1877

8. AGE: Years Months Days If less than one day

69613hrs.min.9. Birthplace Church Creek, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Furniture Salesman11. Industry or business Furniture12. Name William T. Kinnamon13. Birthplace Maryland14. Maiden name Ezella M. Causey15. Birthplace Maryland16. Informant Mr. Charles KinnamonAddress Cambridge, Maryland.17. Burial Date thereof Feb. 2, 1947.
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/2/47 John M. Causey, Jr. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1947 at 3:46 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 24 to January 30, 1947and that I last saw him alive on January 29, 1947Immediate cause of death Carcinoma of rectum

DURATION

Due to Carcinoma of rectumDue to Carcinoma of rectumOther conditions Carcinoma of rectum

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of rectumDate of op. Jan 30, 1947Autopsy results Carcinoma of rectum

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Carcinoma of rectum Date of Jan 30, 1947

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Carcinoma of rectumMeans of injury Carcinoma of rectum Injured at work? Carcinoma of rectum23. SIGNATURE John M. Causey, Jr. M. D. or otherAddress Cambridge, Md. Date signed 2-1-47

RECEIVED

FEB 6 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 005440 43

1. PLACE OF DEATH:

County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

3. (a) FULL NAME

George H. Lake

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Julia Lake
 7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age _____ years
 About 1884
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hrs. _____ min.
 About 62 Unknown

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Day laborer
 11. Industry or business He delivery
 12. Name _____
 13. Birthplace Unknown
 14. Maiden name _____
 15. Birthplace _____

16. Informant George H. Lake
 Address Saford, Delaware
 17. Burial Date thereof January 9, 1947
 (Burial, cremation, or removal). Which? (month) (day) (year)
 Cemetery or crematory Washington Colored Cemetery
 Location Near Hurlock Maryland
 18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland

19. Jan 9 - 47 Charles H. Hastings
 (Date rec'd by registrar) 19 47 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 7 1947 at 12:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1946 to Jan 7 1947
 and that I last saw him live on January 7 1947
 Immediate cause of death Chronic Myocardial Degeneration

DURATION

4 yrs +

Due to _____
 Due to _____
 Other conditions _____

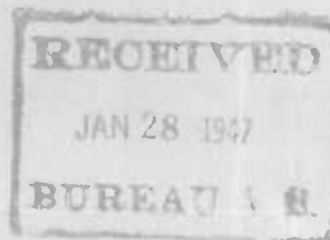
(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Walter Harrison MD M. D. or other _____
 Address Hurlock Md Date signed 1/8/47



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1100

1. PLACE OF DEATH:

County DorchesterCity or town Williamsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Williamsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Elmer K. Lord

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma A. Lord

7. Birth date of deceased (mo., day, yr.)

December 13, 18866. (c) If alive, give age. 52 years

8. AGE:

Years

60

Months

1

Days

9

If less than one day

hrs.

min.

9. Birthplace

Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farm

FATHER

12. Name

James Lord

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Mollie Nichols

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Emma A. Lord

Address

Williamsburg, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof January 25, 1947
(month) (day) (year)

Cemetery or crematory

Hill Crest Cemetery

Location

Federalburg, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalburg, Maryland

19.

January 25-47
(Date rec'd by registrar)Charles Hastings
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1947, at 11:40 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26 1946 to January 22 1947and that I last saw him alive on January 22 1947Immediate cause of death Acute Coronary Occlusion

DURATION

4 hrs.Due to A chronic myocarditis & left Ventricular failure4 Mos.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

John B. Thompson

M. D. or other

Address P.O. Box 95, Preston, Md. Date signed 1/24/47

RECEIVED

JAN 31 1957

BUREAU

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00503

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Washington St., Ext'd

(If rural, give LOCATION)

2.(a) If veteran, name war -

3. (a) FULL NAME

William Edward Marshall

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Florence Moore6. (c) If alive, give age 53 years7. Birth date of deceased (mo., day, yr.) Aug. 22, 18928. AGE: Years 54 Months 5 Days 1 If less than one day
hrs. min.9. Birthplace White Hall, Maryland
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Cambridge Wire Cloth Co.12. Name Levin Marshall13. Birthplace Maryland14. Maiden name Caroline Wheatley15. Birthplace Maryland16. Informant W. James MarshallAddress RFD, Cambridge, Maryland.17. Burial Date thereof Jan. 26, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 2/7/47 John Marshall
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 23, 1947 at 6:40P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1/21 1947, to 1/23 1947
and that I last saw him alive on 1/23 1947Immediate cause of death Acute dilatation of heart

DURATION

Due to Acute dilatation of heart
Asthma

Due to

Other conditions Partial intestinal obstruction
abdominal hernia

(Include pregnancy within 3 months of death)

Major findings of operations Ventral Hernia
Date of op. 1/20/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Marshall M. D. of otherAddress Cambridge, Md Date signed 1/25/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 10 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Fishing Creek
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rural-Fishing Creek
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Fishing Creek
 (If rural, give LOCATION)
 2.(a) if veteran, name war -

3. (a) FULL NAME

Lulu B. Tyler Meade

3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Dr. James W. Meade
 7. Birth date of deceased (mo., day, yr.) Dec. 7, 1877. 6. (c) If alive, give age 58 years
 8. AGE: Years 69 Months 10 Days 23 If less than one day J.W.S. M. min.

9. Birthplace Fishing Creek, Maryland
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

FATHER 12. Name Matthew Tyler
 13. Birthplace Maryland

MOTHER 14. Maiden name Angeline Creighton
 15. Birthplace Maryland

16. Informant Dr. James W. Meade
 Address Fishing Creek, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 5, 1947
 (month) (day) (year)
 Cemetery or crematory Dorchester Memorial Park
 Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. Jan x 19 x7 James W. Meade
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1947, at 6: A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 46 to January 3, 1947

and that I last saw him/her alive on December 2, 1946

Immediate cause of death Adeno carcinoma of sigmoid DURATION 1 year

Due to

Due to

Other conditions General metastases

(Include pregnancy within 3 months of death)

Major findings of operations Adeno carcinoma of sigmoid Date of op. June 1946

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

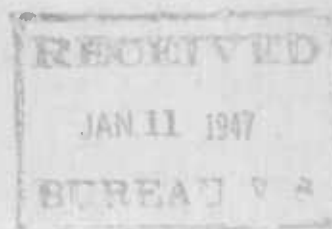
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. J. M.C. M. D. or other

Address Cambridge, Md. Date signed 1/4/47



2-36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 21 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Feddersburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2 (a) If veteran, name war _____

3. (a) FULL NAME

Annie Mitchell

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mr. James Mitchell
 6. (c) If alive, give age 52 years
 7. Birth date of deceased (mo., day, yr.) September 2, 1897
 8. AGE: Years 49 Months 4 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Delaware
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own

12. Name Mr. Davis Clevenger
 13. Birthplace United States

14. Maiden name Ida Joseph

15. Birthplace Georgetown, Delaware

16. Informant Eastern Shore State Hospital Records
 Address Cambridge, Maryland

17. Burial Date thereof 1-27-1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blossom Cemetery

Location Feddersburg, Md.

18. Funeral director Stewart Williams

Address Feddersburg, Md.

19. Jan 27, 47 John M. J. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1947 at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 4, 1947 to January 24, 1947
 and that I last saw him/her alive on January 24, 1947

Immediate cause of death Uremia DURATION 10 days

Due to Nephritis 10 days

Due to Gastro-enteritis 10 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other _____

Address _____ Date signed _____

RECEIVED

JAN 28 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1170

1. PLACE OF DEATH: DORCHESTER
 County.....
 City or town VIENNA
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State MARYLAND County DORCHESTER
 City or town E. VIENNA
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
LENA ELLEN MURPHY

3. (b) Social Security Number

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, married, widowed, or divorced MARRIED

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) JUNE 9, 1878 8. (c) If alive, give age..... years

8. AGE: Years 69 Months 04 Days 6 If less than one day..... hrs. min.

9. Birthplace MARYLAND
 (Town, county, and state)

10. Usual occupation HOUSEWORK11. Industry or business OWN HOME12. Name William DAYTON13. Birthplace MARYLAND14. Maiden name MARY HURLEY15. Birthplace MARYLAND16. Informant HOLLIS MURPHYAddress VIENNA MARYLAND

17. BURIAL Date thereof 1/26/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CEMETERYLocation VIENNA MARYLAND18. Funeral director F.B. WILLOUGHBYAddress EAST NEW MARKET, MD19. 1/25 19 47 E. Elizabeth G. Beale
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 24 19 47 at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10 19 47 to 1947
 and that I last saw him alive on 1/22 19 47

Immediate cause of death METASTATIC CARCINOMA

Due to ADENOCARCINOMA OF MAXILLARY SINUS 2 YRS.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations ADENOCARCINOMA
RT MAXILLARY SINUS Date of op. 3/10/46

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE W. J. Banks M. D. or otherAddress Cambridge, Md Date signed 1/25/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1160

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 mos. 20 ds.
 Hospital, institution, or street address where death occurred:
Easton Shore State Hospital
 How long in hospital or institution? 8 mos. 21 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Fairmount
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Alonzo T. Parks

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Anita Kamberily
 6. (c) If alive, give age 66 years
 7. Birth date of deceased (mo., day, yr.) November 28 1865
 8. AGE: Years 81 Months 1 Days 9 It less than one day _____ hrs. _____ min.

9. Birthplace Somerset County Maryland
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business _____

FATHER 12. Name Sneyd Parks

13. Birthplace Somerset County, Maryland

MOTHER 14. Maiden name Amelia Colbert

15. Birthplace Somerset Cy Maryland

16. Informant Hospital Records

Address Cambridge Maryland

17. Burial Date thereof 1-8-47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairmount M.E. Cemetery

Location Fairmount, Md

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md

19. Jan. 7 - 47 John M. J. M. J.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1947 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 16 1946 to January 5 1947
 and that I last saw him alive on January 5 1947

Immediate cause of death Chronic Myocarditis & Myocardial Degeneration more than 20 mos

Due to Arteriosclerosis

Due to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ca bridge Md M. D. or other _____

Address _____ Date signed _____

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JAN 8 1947
BUREAU

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370

CERTIFICATE OF DEATH

Reg. Dist. No. 116 0

01932

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
422 Pines St.

How long in hospital or institution?

3. (a) FULL NAME

Joseph Roberts

4. Sex

Male

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

unknown

7. Birth date of

deceased (mo., day, yr.)

Sept. 28 1862

5. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

87

3

29

hrs.

min.

9. Birthplace

Maryland
 (Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
 MOTHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Cometery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

Feb 1 1947

John Mace

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 422 Pine Street
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... January 29 19 47 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 4 19 46 to January 29 19 47

and that I last saw him alive on January 29 19 47

Immediate cause of death

Myocardial
Infarction
Prostatic Hypertrophy
Benign

Due to

Other conditions

Chr. Myocarditis &
Hypertension
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE

Corral M. H. Clair
 M. D. or other
 Address..... Pine Ridge Rd Date signed 2/1/47

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FEB 25 1947
BUREAU 3

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of
usual residence of
deceased is shown on
G108 1/28/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Thomas James Ross

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widower
6.(b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) Nov 8 1859 6.(c) If alive, give age _____ years
8. AGE: Years 87 Months 7 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Ind
(Town, county, and state)
10. Usual occupation Farm Laborer

11. Industry or business
12. Name Thomas James Ross
13. Birthplace Ind

MOTHER FATHER
14. Maiden name Maria Lee
15. Birthplace Ind

16. Informant Hattie Matthews
Address East New Market

17. Burial (Burial, cremation, or removal, which?) Burial Date thereof Jan 14 1947
(month) (day) (year)
Cemetery or crematory Cemetery
Location East New Market

18. Funeral director F.B. Millouz & Son
Address East New Market

19. Jan. 13 19 47 Elyth C. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1947 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1947 to January 10 1947
and that I last saw him alive on January 10 1947

Immediate cause of death Chronic myocardial degeneration
DURATION 1 yr +

Due to General Arteriosclerosis 5 yrs +

Other conditions
(Include pregnancy within 8 months of death)

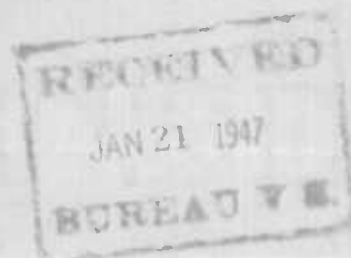
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE W. Harrison MD M. D. or other
Address Harlock Md Date signed 1/13/47



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County WorcesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 19 years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Fishers Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. None
(If rural, give LOCATION)2. (a) If veteran, name war None

3. (a) FULL NAME

Charles W. W. Schlee

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white widowed6. (b) Name of husband or wife Emma Bertha Schlee7. Birth date of deceased (mo., day, yr.) July 21, 18738. AGE: Years Months Days If less than one day
73 5 15 hrs. min.9. Birthplace Copenhagen, Denmark
(Town, county, and state)10. Usual occupation Farmer, retired

11. Industry or business

12. Name William Schlee13. Birthplace Germany14. Maiden name See record15. Birthplace Germany16. Informant Mrs. L. M. HansenAddress Fishers, Maryland17. Burial Date thereof January 8, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery Worcester Memorial ParkLocation Cambridge, Maryland18. Funeral director Garrett F. ThomasAddress Cambridge, Maryland19. 18 19 47 John Mace
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 19 47 at 10:00 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21 19 46 to January 5 19 47
and that I last saw him alive on January 5 19 47Immediate cause of death Cerebral Embolus DURATION 1 hourDue to Arterio sclerosisgeneralized and cerebral 2 yrs. +Due to Broncho-pneumonia 2 days

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (Where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Befford M. D. or otherAddress Cambridge Md. Date signed 1-5-47

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JAN 11 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

I. PLACE OF DEATH:

County... Dorchester
 City or town... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nettie T. Sherman

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Thomas B. Sherman
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 24 - 1868
 8. AGE: Years 79 Months 0 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace East New Market
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business
 12. Name Arthur G. Moore
 13. Birthplace Dor Co.
 14. Maiden name Mary Amanda Thomas
 15. Birthplace Dor Co.

16. Informant Mrs. Thomas G. Cook
 Address Cambridge, Md
 17. Burial Burial Date thereof Jan 26 1947
 (Burial, cremation, or removal) (Which?) (month) (day) (year)
 Cemetery or crematory Cambridge
 Location Cambridge, Md
 18. Funeral director Kenworth R. Thomas
 Address Cambridge Md
 19. Jan. 26 - 1947 John Mayhew Md
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 Peach Blossom Ave
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 47, at 1:45 P M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 46 19 _____ to Jan 1947 19 47
 and that I last saw her alive on Jan 24 19 47
 Immediate cause of death Congestive failure DURATION _____
 Due to arteriosclerotic heart disease ?
 Due to arterio-sclerotic ?
 Other conditions hypertension, osteoarthritis, breast
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of Injury _____ Injured at work? _____

23. SIGNATURE James H. Thompson, M.D. M. D. or other _____
 Address Cambridge, Md Date signed Jan 25

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2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Four Years
Hospital, institution, or street address where death occurred:
238 Race St.
How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 238 Race St.
(If rural, give LOCATION)
2.(a) If veteran, name war -

3. (a) FULL NAME
Thomas H. Simmons

3. (b) Social Security Number
-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
8. AGE: Years 78 Months 1 Days 15 If less than one day - hrs. - min.
7. Birth date of deceased (mo., day, yr.) Nov. 25, 1868.
6. (c) If alive, give age - years
8. (b) Name of husband or wife -

9. Birthplace Hoopersville, Md.
(Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Marine Transportaion
12. Name William A. Simmons
13. Birthplace Hoopersville, Md.
14. Maiden name Emma Ruark
15. Birthplace Hoopersville, Md.

16. Informant Mrs. Doris Parks
Address Hoopersville, Md.
17. burial Date thereof 1/11/47.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Family
Hoopersville, Md.
Location
18. Funeral director Le Compte Funeral Service
Address Cambridge, Md.

19. 1/11/47 19 47 John Mace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 19 47, at 12:15 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 1/2 hours 19 47 to 11 1/2 19 47

and that I last saw him alive on 1/7 19 47

Immediate cause of death acute gangrene of
liver, torn ribs of chest

DURATION

3 months

Due to chronic inflammation of
liver, 12 ribs

Due to -

Other conditions Chronic Bronchitis some years

(Include pregnancy within 3 months of death)

Major findings of operations no operation

Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of -
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -
Means of injury - Injured at work? -

23. SIGNATURE My State
M. D. or other Cambridge, Md.
Address - Date signed 1/11-1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01031 1160

1. PLACE OF DEATH: Dorchester
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 47 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 253 Race St
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....none

3. (a) FULL NAME
Wm. H. Simmons

3. (b) Social Security Number
none

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife.....Sadie E. Stewart
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Sep 18 - 1871
 8. AGE: Years 75 Months 4 Days 12 If less than one day
hrs.min.

9. Birthplace.....Croft Md.
 (Town, county, and state)
 10. Usual occupation.....Blacksmith

11. Industry or business.....
 12. Name.....John W. Simmons
 13. Birthplace.....Dor
 14. Maiden name.....Elizabeth Willey
 15. Birthplace.....Dor

16. Informant.....Mrs Sadie S. Simmons
 Address.....Cambridge Md

17. Burial.....Burial Date thereof.....Feb 1 - 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory.....Cambridge
 Location.....Cambridge Md
Remeth B. Thomas

18. Funeral director.....Cambridge Md
 Address.....

19. Feb. 1 1947 John Mace Jr
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Jan 30 1947 at 3:15 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
11-15 1946 to 1-30 1947
 and that I last saw him alive on Jan 24 1947
 Immediate cause of death.....Murder

Due to.....Cardiovascular disease with hypertension
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

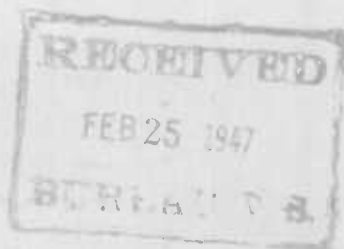
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....Alfred E. Bunker Md
 Address.....32 Race St, Camb, Md Date signed.....1-31-47
 M. D. or other

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Salisbury
(If outside city or town limits, write RURAL and give nearest town)Street No. 306 Hazel Avenue
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Louis Gordon Washburn

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Bertha M. Fields7. Birth date of deceased (mo., day, yr.) October 14, 1875 6. (c) If alive, give age _____ years8. AGE: Years 72 Months 9 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Shad Point, Maryland
(Town, county, and state)10. Usual occupation Carpenter

11. Industry or business

12. Name Joseph Washburn13. Birthplace Shad Point, Maryland14. Maiden name Sara Pryor15. Birthplace Shad Point, Maryland16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof 1-12-47
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory Shad Point CemeteryLocation Shad Point, Md18. Funeral director The Hill & Johnson CoAddress Salisbury, Md19. 1/10 JK John M. M. M.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 19 47 at 5:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8 19 46 to January 9 19 47and that I last saw him alive on January 9 19 47

Immediate cause of death _____ DURATION

Pneumonia - broncho 1 day

Due to _____

Chronic Myocarditis and MyocardialDue to Degeneration

Other conditions _____

Senile Dementia

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M. D. or otherAddress Cambridge, Maryland Date signed 1-10-47
Eastern Shore State Hospital

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JAN 11 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 YearsHospital, institution, or street address where death occurred:
Cambridge Maryland HospitalHow long in hospital or institution? 6 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Hambrooks Blvd.
(If rural, give LOCATION)2. (a) If veteran, name war -

3. (a) FULL NAME

Mollie Walls Wesley

3. (b) Social Security Number

-

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife S. W. Walls-1905J. E. Wesley-19287. Birth date of deceased (mo., day, yr.) June 10, 1870

6. (c) If alive, give age. years

8. AGE: Years Months Days If less than one day
76 7 0 hrs. min.9. Birthplace Centerville, Maryland
(Town, county, and state)10. Usual occupation -11. Industry or business -12. Name Samuel W. Sheron13. Birthplace Maryland14. Maiden name Molly McNally15. Birthplace Baltimore, Maryland16. Informant Mr. S. Charles WallsAddress Cambridge, Maryland17. Burial Date thereof Jan. 13, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Church Hill CemeteryLocation Church Hill, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 1/13/47 John Macfarland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1947, at - M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947and that I last saw him alive on Jan. 10, 1947Immediate cause of death Cardiac Failure

DURATION

1 mo.Due to Starvation 3 mos.Due to Cerebral changes following Cerebral Thrombosis & embolism
Other conditions Pharyngeal & paraplegia

(Include pregnancy within 3 months of death)

Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE James A. Thompson, M.D.
M. D. or otherAddress Cambridge Date signed Jan 13, 1947

RECEIVED

JAN 14 1947

BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 10

1. PLACE OF DEATH

County HarcroftCity or town Harlock, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County DaCity or town Harlock Md
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Lenwood Wilson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Georgia Wilson

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age. 32 years

8. AGE:

Years 58 Months 6 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace

Salisbury, Thomas, Md
(Town, county, and state)

10. Usual occupation

Seafar, Dealer

11. Industry or business

John Wilson

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 6 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

MEDICAL CERTIFICATION

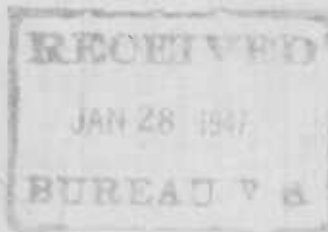
20. DATE OF DEATH January 15 19 47 4:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 14 19 45 to January 15 19 47and that I last saw him alive on January 14 19 47Immediate cause of death Chronic myocardialDegenerationDue to Coronary thrombosisDue to Coronary thrombosisOther conditions 2 yrs



Unsub



2-35